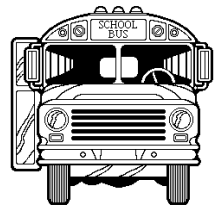


Clinton County Schools

Bus Voucher



School/Program Section

Please fill out ALL sections below to insure your trip is scheduled correctly.

Group or Organization _____

School _____

Destination _____

Trip Date _____

Address _____

(Estimated) Departure Time _____ AM PM Return _____ AM PM

No. of Buses _____ No. of Students _____ Departure Location _____

Teacher Print Name _____ Signature _____

Teacher/Chaperone Contact Number _____ (Not School Number)

Principal/Program Coordinator Signature _____

Request Date _____

Check One:

School Allocation School Activity Athletic Competition (Specify) _____

Club or Program (Specify) _____ Other (Specify) _____

Bus Driver Section

Bus No. _____

Driver Name _____

Departure Mileage _____

Return Mileage _____

Total Miles Traveled _____

Gallons Used to Re-Fuel _____

Departure Time _____ AM PM

Return Time _____ AM PM

Total Hours Due Bus Driver _____

Driver Signature _____

Date _____

Transportation Director Signature _____